



CLASSIFIED APPLICATION

PLEASE PRINT

7201 Clayton Road. Turlock, CA 95380 (209) 664-8505

Date: _____

PLEASE NOTE: Incomplete applications will not be eligible for employment.

Please provide all required documentation and affix your signature before submission to the District Office.

POSITION(S) APPLIED FOR: _____

Name: _____
Last First Middle (Other/Maiden)

Current Address: _____
Street City State Zip Code

Permanent Address (if different): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone/Pager: () _____ Social Security: _____

Driver's License: _____ State: _____ Expiration Date: _____

Please answer the following questions. If yes, explain in space provided or on reverse side.

- 1. Have you ever been employed under another name? If yes, what name? Yes___ No___
2. Are you legally eligible to work in this country? (Proof of citizenship and/or immigration status will be required upon employment.) Yes___ No___
3. Has your driver's license ever been suspended or revoked? Reason _____ Yes___ No___
4. Have you ever been convicted of a crime? What? _____ (Prior convictions will not necessarily exclude applicants from employment.) Yes___ No___
5. Are you presently on leave status from a public agency? If yes, which _____ Yes___ No___
6. Have you ever been discharged/forced to resign from any position? If yes, explain _____ Yes___ No___
7. Do you have any medical condition(s) which may limit your ability to perform this job? If yes, what can we do to accommodate your limitation(s)? _____ Yes___ No___

Bilingual Ability: Primary Language _____ Speak ___ Read ___ Write ___
Secondary Language(s) _____ Speak ___ Read ___ Write ___

Please indicate proficiency in the skills listed by circling years of experience:

Typing ___ wpm 1 2 3 4+ Accounting 1 2 3 4+ Food Service 1 2 3 4+
Computers 1 2 3 4+ Bookkeeping 1 2 3 4+ Custodial 1 2 3 4+
Calculator/10key 1 2 3 4+ Maintenance 1 2 3 4+ Bus Driver 1 2 3 4+

List computer software experience: _____

List other skills/equipment you are able to operate: _____

Certificates/Licenses: (Please attach copies)

Typing Test (WPM verification) Yes___ No___ Dated: _____
Instructional Aide Proficiency Test Certificate Yes___ No___ Dated: _____
CPR Certificate Yes___ No___ Expiration Date: _____
First Aid Certificate Yes___ No___ Expiration Date: _____
Bus Driver's License Yes___ No___ Expiration Date: _____

Other applicable certificates/licenses: _____

EDUCATION:

High School _____ Did you graduate? _____
Name City State

Did you earn a California high school proficiency certificate in lieu of diploma? _____ or a GED certificate? _____

College or Trade School Attended _____ Did you graduate? _____

Major/Course of Study _____

Other Specialized Training/Coursework _____

WORK HISTORY - Start with current/most recent position. (10 years' history is adequate.)

(Use reverse side if additional room is required.)

Dates of Employment: From _____ To _____ Employer _____

City/State _____ Phone Number _____

Supervisor's Name _____ Your position/title _____

Salary _____ Reason for leaving _____

Duties/Responsibilities _____

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Supervisor's Name _____ Your position/title _____

Salary _____ Reason for leaving _____

Duties/Responsibilities _____

**REFERENCES WE MAY CONTACT CONFIDENTIALLY WHO ARE
NOT RELATED OR PRESENT/PREVIOUS EMPLOYERS.**

Name	Address	Occupation	Day Phone Number

Authorization to Release Information

**YOUR SIGNATURE BELOW INDICATES YOUR AGREEMENT WITH AND
ACKNOWLEDGMENT OF THE FOLOWING:**

As an applicant for an employment position with Chatom Union School District, I authorize my current and past employers and current and past work associates, including, but not limited to, supervisor, colleagues, and subordinates, to release to the Chatom Union School District and reference and employment information in my personnel characteristics (e.g. transcripts, certificates, credentials, etc.) and information related to my work and my work-related personal characteristics (e.g. my character, dependability, honesty, integrity, ability to work under pressure, interpersonal skills, general physical ability, if relevant to the job, and reputation among co-workers.)

I expressly and without reservation waive my right to review the information collected in the reference checks.

A photocopy or a fax of this signed authorization is to be considered valid as an original.

IN EXECUTING THIS AUTHORIZATION I FULLY WAIVE ALL CLAIMS AND COMPLETELY RELEASE ALL PRESENT AND PAST EMPLOYERS AND THEIR EMPLOYEES AND FORMER EMPLOYEES, THE CHATOM UNION SCHOOL DISTRICT AND ITS EMPLOYEES AND ALL OTHER PERSONS AND ENTITIES FROM LIABILITY FOR ANY DAMAGE, TO THE FULL EXTENT ALLOWED BY LAW.

I HEREBY CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL.

Candidate's Full Name (Print)

Other Last Names You Have Used (if any)

Candidate's Signature

Date